

Appalachian Regional Commission
Substance Abuse Grants Competition
FY 2008

Announcement Date: August 6, 2008

Close Date: September 26, 2008

Selection Announcement: October 23, 2008

I. Introduction: Over the last five years, major media and regional news coverage of the Appalachian Region has highlighted an escalating problem of substance abuse, particularly in the central Appalachian Region. In addition, public health and law enforcement officials have identified specific concerns about prescription drug abuse, especially of oxycodone, and of rising use of illicit substances such as methamphetamine and its production in small labs. These trends have drawn the attention of policy makers, who have devoted more resources to these problems, especially in the law enforcement field. Despite this attention, little was known on a region wide basis about the geographical distribution of these problems and access to treatment throughout the Region. As a result, the Appalachian Regional Commission contracted for a major study on substance abuse prevalence, mental health disparities and access to treatment in the Region.

The study was conducted by the National Opinion Research Center (NORC) at the University of Chicago, a private research consulting firm, which analyzed major sources of public information on mental health and substance abuse diagnoses and treatment. In addition, NORC partnered with East Tennessee State University to conduct several case studies of counties and communities in the Appalachian Region. (See <http://www.arc.gov/index.do?nodeId=3279> for the report posted on the ARC website.)

II. Background on Mental Health Disparities, Substance Abuse Prevalence and Access to Treatment in the Appalachian Region:

Key Findings from the study conducted by NORC are as follows:

- Mental health diagnoses for serious problems independent from substance abuse are proportionately higher in Appalachia than in the rest of the nation.
- Methamphetamine use and admission rates are lower across Appalachia than in the rest of the nation although the regional trend is rising.
- Heroin admission rates are lower in Appalachia than the rest of the nation, but the trend is rising especially in coal-mining areas.
- Other opiates and synthetics admission rates for primary abuse are higher in Appalachia than the rest of the nation, especially in coal-mining areas.
 - These drugs include codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects except methadone.

- Overall, Appalachian adults report lower dependence or abuse than adults outside the region for alcohol, illicit drug dependence, or both alcohol and drug dependence according to household survey responses.
- Overall, hospital discharge data show that Appalachians have a lower proportion of diagnoses for substance abuse only, and for co occurring substance abuse and mental health problems than discharges in the rest of the nation.
- Alcohol is the predominant substance of abuse upon admission to treatment, nationally and in Appalachia.

Key Findings on Access to Treatment:

- Adults in the Appalachian region with mental health problems reported a somewhat greater likelihood of having received outpatient mental health treatment or counseling in the past year as compared to adults outside the Appalachian region, according to the national household survey.
- The vast majority of Appalachia treatment facilities (98%) offer some substance abuse treatment.
- While access to substance abuse and mental health treatment is a problem across the U.S., in some respects, treatment availability is better in Appalachia when compared to the rest of the nation.
- In non-hospital based facilities, proportionately more Appalachian facilities offer some outpatient substance abuse care compared to rest of nation (83.3% vs. 80.7%).
- Proportionately more Appalachian facilities than non-Appalachian facilities offer the following services (All results statistically significant at $p < 0.05$):
 - Offer family counseling (83.07% vs. 76.19%)
 - Offer comprehensive mental health assessment at intake (51.59% vs. 44.66%)
 - Accept Medicare (46.7% vs. 34.8%)
 - Accept Medicaid (69.6% vs. 53.9%)
 - Accept private insurance (79.1% vs. 67.5%).

Key findings from the case studies revealed that:

- There are regional difficulties in accessing inpatient facilities for substance abuse or mental health;
- There are regional difficulties in accessing long-term outpatient treatment;
- There are barriers to treatment for substance abuse and mental illnesses such as transportation, cultural factors, and stigma;
- Communities in Appalachia are targeting resources to prevent substance abuse and mental health illness; and
- Additional school-based interventions and prevention programs are needed in Appalachian communities.

Key Conclusions:

- Disparities exist in the Appalachian region for substance use and mental health.
- The data confirm that there are place-based disparities for substance use and mental health in and across the Appalachian region.
- There is a special need to treat people for non-medical use of prescription drugs and mental health problems.
- There are regional difficulties in accessing inpatient facilities for substance abuse or mental health.

Key Issues Confronting Providers and Policy makers:

- Leadership from the federal, regional and local levels is needed to address these disparities.
- Better integration is needed of substance abuse and mental health treatment with primary care and existing health system.
- Assessment is needed of the quality and effectiveness of treatments and interventions on mental health and substance abuse outcomes.

III. Substance Abuse Grants Competition

Not only is substance abuse a public health problem, it also impacts economic development, education and family life within Appalachia. The workforce is weakened by substance abuse, treatment is costly, community trust is eroded, and family stability is compromised. Recent efforts to address these problems have included a region-wide substance abuse conference in March of 2006, and the aforementioned NORC study. More, however, needs to be done, and the problem will not be overcome without federal, state and local partners working collaboratively to address this multi-faceted problem. To this end, a grants competition is being offered with awards considered up to \$40,000, with the possibility of as much as \$75,000 for multi-state grants, to assist communities in building sustainable capacity to provide for improved community interventions and services addressing issues of illegal drugs and prescription drug abuse.

Goals and Outcomes of the Projects:

Projects should generally involve a variety of community stakeholders and should aim to build sustainable community capacity and leverage resources from other sources. Examples of possible activities include:

- Grants that address issues and links between mental health & substance abuse
- Projects that add to the body of knowledge about dealing with substance abuse from their efforts and can be shared with others and possibly replicated.
- Implement best practices identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and others in relation to cultural competencies in Appalachia.
- Collaborative projects working with schools, physicians, governments, etc

- Education and Training projects that develop specific approaches or models for dealing with substance abuse and providing certifications.
- Grants that enable communities to take the initiative in addressing their own unique problem.
- Collaborative improvement model through participating practices, shared resources, creating new data sets, and regional approach with local sites
- **Exclusions:**
 - Construction
 - Major Renovations
 - Bricks & Mortar
 - Personnel cost if cannot be sustained after grant period
 - Law Enforcement, although this activity could be used as a partner/match
 - No subsidizing of existing efforts paid for by local/county/state government, etc.

IV. Application Format

Please submit your application in the following format:

- Cover Page – Complete the Cover Page, attached.
- Application Narrative – 6 pages maximum in 12 point font. Please address the following items:
 1. Project Summary – one paragraph, 200 word limit.
 2. Description of proposed activity, including anticipated outcomes. Methods of addressing substance abuse problems should be clearly articulated.
 3. Identification and analysis of substance abuse problems that will be addressed by the proposed project.
 4. Capability of applicant and community partners. ARC believes that successful development takes place when business, government, nonprofit organizations, and community groups mobilize resources towards a common goal. Describe the applicant's relevant organizational capacity. As appropriate, address the development of new, or the capability of existing, local leaders and partners in the planning and implementation of the proposed activity.
 5. Outreach activities for disseminating or promoting the program to other communities.
 6. Plans for sustainability. How will the activities continue at the end of the grant period? Describe current or proposed revenue generating activities.

Attachments – please include the following attachments:

- Project Budget – Complete the Line Item Budget form, attached, listing project expenses by funding source. Also, include a budget narrative describing the elements of each expense line item. (Matching support: Grantees are required to provide matching funds at a ratio of \$1 of support for each ARC grant dollar, a portion of which may be provided in-kind. In Commission designated Distressed Counties (see arc.gov), ARC funding may be provided up to 80 percent of the project's cost. Matching support may be provided

from private and non-profit sources, local and state government, philanthropies, educational institutions, federal agencies, and other partners.)

- Staff background – include resume of project leader and brief bios for key staff and contractors. Note estimated hours per week (FTE's) to be allocated to project activities for each staff member, contractor, and project leader.
- Timeline – Note key project milestones and outcomes. Activities supported by these grants are expected to be completed within 18 months of the award date.
- Map – Include a state map indicating the location of the proposed activities. Simple maps generated through internet providers (such as Yahoo, Google ...) are acceptable.

Note: Additional materials will be discarded.

For consideration, ten hardcopies of the response must be received at ARC offices by September 26, 2008. Please note, submitted materials will not be returned.

Who is eligible to apply?

Non-profit organizations, governmental entities, and public educational institutions located within the ARC Region are eligible to apply. Private for-profit organizations are not eligible to apply.

Selection Criteria:

An independent review panel will be convened to evaluate submissions. This panel will include leading substance abuse and health policy experts, as well as federal, state and local partners. The review panel will forward recommendations to ARC for final approval.

Applications will be evaluated on several criteria, including:

- Feasibility of proposal; likelihood of achieving proposed outcomes.
- Capability of applicant; expertise in relevant program areas, grants management, and community development.
- Level of community support, including overall level of match and private sector match; a minimum match of 1:1 will be required (except in Distressed Counties) a portion of which may be in-kind.
- Articulation of clear, measurable outcomes; Impact of the program.
- Outreach activities to other communities, focusing on disseminating or promoting the program.
- Sustainability of effort; ability to continue the activity upon conclusion of grant period.
- Distressed Counties and Distressed Areas; Additional consideration will be provided for projects focusing on ARC designated distressed counties and communities. Please visit: <http://www.arc.gov/index.do?nodeId=18> for more information on ARC distressed counties.
- Multi-state collaboration; Additional consideration will be provided for projects that target activities within two or more states.

The proposed activities should effectively address substance abuse problems in the target communities. This grants program will not provide support for projects that propose to study or

*plan for future activities. Deadline for receipt of responses: **September 26, 2008.** Please note, submitted materials will not be returned.*

Submissions: Submit ten (10) hardcopies of your proposal to:
Elaine Jackson, Program Operations Division
Appalachian Regional Commission
1666 Connecticut Ave, NW
Washington, DC 20009
202/884-7750
Fax: 202/884-7691

V. Background on the Appalachian Regional Commission

The Appalachian Regional Commission is a federal-state partnership established in 1965 by the Appalachian Regional Development Act to promote economic and social development of the Appalachian Region. The Act, as amended in 2002, defines the Region as 410 counties comprising all of West Virginia and parts of Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia—an area of 200,000 square miles and about 22.9 million people. To promote local planning and implementation of ARC initiatives, the Commission works with 72 Local Development Districts (LDDs) comprising groups of counties within each of the 13 states. The Commission has 14 members: the governors of the 13 Appalachian states and a federal co-chairman, who is appointed by the president.

For 43 years, the Commission has funded a wide range of programs in the Region, including highway corridors; community water and sewer facilities and other physical infrastructure; health, education, and human resource development; economic development programs and local capacity building, and leadership development. The rationale for ARC's Area Development program is to provide the basic building blocks that will enable Appalachian communities to create opportunities for self-sustaining economic development and improved quality of life. These strategic goals were agreed upon after an exhaustive, year-long strategic planning process involving federal, state, and local officials and citizens that focused investment in four goal areas:

1. Increase job opportunities and per capita income in Appalachia to reach parity with the nation.
2. Strengthen the capacity of the people of Appalachia to compete in the global economy.
3. Develop and improve Appalachia's infrastructure to make the Region economically competitive.
4. Build the Appalachian Development Highway System to reduce Appalachia's isolation.

Area Development funds are allocated to the states on a formula basis and each state has wide discretion in deploying those resources across the four goal areas based on local needs and state priorities. However, an overarching policy mandated by Congress is that ARC resources are to be targeted to those counties with the greatest needs—those still the farthest behind that are designated as “distressed.”

In FY 2008, the Commission's definitions of economic development levels designated 78 counties as distressed because of high rates of poverty and unemployment and low rates of per capita market income compared to national averages; 78 counties are characterized as "at-risk"; 226 counties were designated transitional, with higher than average rates of poverty and unemployment and lower per capita market income; 22 counties have nearly achieved parity with national socioeconomic norms and are now designated as competitive and; 6 counties have reached or exceeded national norms and are now designated as attainment counties. See ARC's web site for more details (<http://www.arc.gov/>).

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2008

Cover Page

Project Title: _____

Organization/Applicant: _____

Primary Contact: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

County(ies) served: _____

Grant Request: \$ _____

Appalachian Regional Commission

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2008

Project Budget
Line Item Budget

<u>Expense</u>	\$ ARC Costs	\$ Matching Costs*	\$ Total
Personnel	_____	_____	_____
Benefits	_____	_____	_____
Travel	_____	_____	_____
Equipment	_____	_____	_____
Supplies	_____	_____	_____
Contractual	_____	_____	_____
Other	_____	_____	_____
Sub total	_____	_____	_____
Indirect	_____	_____	_____
Total	_____	_____	_____

* Sources of Matching Costs:

Source	\$ Amount	Type (Cash, In-kind)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Total Matching Costs: _____

Please attach a budget narrative describing each expense line item, above.